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Bib Data Sheet

CONFIRMATION NO. 8383

<b>SERIAL NUMBER</b> 10/033,576	<b>FILING DATE</b> 11/09/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> S100-DIV3
<b>APPLICANTS</b> Robert J. Greenberg, Los Angeles, CA; Joseph H. Schulman, Santa Clarita, CA; Brian V. Mech, Sherman Oaks, CA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/515,383 02/29/2000 WHICH CLAIMS BENEFIT OF 60/125,873 03/24/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/19/2002				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 63
<b>INDEPENDENT CLAIMS</b> 18				
<b>ADDRESS</b> 28284				
<b>TITLE</b> Electrode array for neural stimulation				
<b>FILING FEE RECEIVED</b> 1387	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>APPLICANTS</b> Robert J. Greenberg, Los Angeles, CA; Joseph H. Schulman, Santa Clarita, CA; Brian V. Mech, Sherman Oaks, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/515,383 02/29/2000 PAT 6,507,758 which claims benefit of 60/125,873 03/24/1999				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 02/19/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 32	<b>TOTAL CLAIMS</b> 63
<b>INDEPENDENT CLAIMS</b> 18				
<b>ADDRESS</b> 28284				
<b>TITLE</b> ELECTRODE ARRAY FOR NEURAL STIMULATION				
<b>FILING FEE RECEIVED</b> 1387	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	